

San Bernardino County

Hand in Hand to Make a Difference *2006 Foster Care Summit*



Report and Summary

"My mentor is the most important person in my life." - Former foster youth

"They (foster youth) have to get along with people who are totally different." - Probation officer

"Foster children always suffer" - Foster parent

"I went through 22 social workers." – Former foster youth

"There is no transition for these children." – Therapist

"I was able to change my life." – Birth mother

"We wanted to look just like everybody else." – Foster youth

"Be mindful of how we categorize the children." – Social worker

"They (social workers and group home staff) showed me the door, but it was up to me to initiate going through." – Former foster care youth

"I don't think if my children weren't taken away I would have turned my life around." – Birth mother

"No one gave me a hug." – Former foster youth

"She (foster parent) is my mom." – Foster youth

Introduction

Happy, healthy, well-adjusted, and productive members of society -- Isn't that what we want for our children? Isn't that what we want for all children?

Many public and private agencies struggle to provide foster children with the care, attention and services they need. In particular, the children within the foster care system seem to suffer the most when these agencies struggle.

Identification of what is working, what isn't working and what needs to change to benefit foster care youth was the focus of a recent Summit in San Bernardino County. The goal of the summit was to collect this data and build a framework for change that would benefit the children in foster care.

Current Statistics for San Bernardino County Children in Care

To build a framework for change it is important to have an understanding of the issue. The current snapshot of San Bernardino County's children in care includes:

- 4820 children in out-of-home placements
- 1527 (34%) children placed with relatives or non-relative extended family members (NREFM)
- 2709 Dependent children have been in placement 18 months or longer
- 102 families are receiving Wraparound services
- 269 youths emancipated from a Department of Children's Services placement in 2006
- 588 foster children in the care of the Department of Children's Services are taking psychotropic medications
- Attention Deficit Hyperactive Disorder is the most common diagnosis for children taking psychotropic medications
- The median number of prescribed psychotropic medications per a child is 2, with a range of 1 to 36.
- Approximately 20% reduction in the number of children brought before the Court in 2006 compared to the 2004 rate of removal
- Approximately 56% of foster youth exiting the foster care system will receive post foster care Medi-Cal in 2006

Summit Background

Leadership and members of foster child centered agencies were brought together under the auspices of the Children's Network, and with the support of Department of Behavioral Health Mental Health Services Act funding, to identify the issues, concerns, challenges, and opportunities that exist for children placed in the foster care system. A Summit was proposed as a forum to discuss the "uncomfortable truths" of foster care. Uncomfortable truths are the weaknesses and the downfalls of a system that attempts to raise children. The Summit would also allow insightful discussions and possible

breakthrough ideas towards a future strategy for improving the system and the lives of the children in care.

The Summit was to have two distinct segments: a plenary panel and break out workgroups.

The structured and moderated plenary panel was proposed as a means of initiating open discussion. The panel was to have participants from many different points of view and experiences with the foster care system: from foster youth to birth parents, foster parents to therapists, social workers to probation officers and more.

The afternoon of the Summit was to have small workgroups identify the strengths, weaknesses, areas where change is needed, and recommendations for change within the foster care system and within the agencies that assist the children. Targeted areas of concern included: healthcare, life long connections, education, life skills, mental health/substance abuse, employment, housing, and finance.

From these targeted topics, thoughts, beliefs and ideas for a synthesized plan could be developed that encompassed short-term and long-term goals.

Historical Background Information Regarding Foster Care

In July 1991, the Little Hoover Commission initiated a study of child welfare services to identify and review issues or problems related to foster care. In 1992, the Commission issued report #115 entitled "For the Sake of the Children: Restructuring Foster Care in California. The 1992 Commission found:

- The foster care system runs contrary to the preservation of families in that it is in the child's best interest to prevent removal from the child's home at the outset
- Training, support services, screening and rates of reimbursement are woefully inadequate for the State's foster parents
- More attention needs to be paid to the needs of ethnic minority children in foster care
- The State's foster care system suffers from inadequate monitoring and oversight
- Counties lack sufficient interagency screening of children coming into the foster care system

Along with these findings, the Commission made recommendations for improving the foster care system. The recommendations included:

- Funding for preventative services, minority home recruitment, a longitudinal study, initiation of inter-agency coordination, AFDC-FC for all children in foster care, and increases in the basic foster care rate
- CDSS monitoring the administration of foster care placements and developing foster care performance standards
- Establishing a child development and education agency and a State foster care ombudsman

- Encouraging individual counties to focus on: prevention and preservation services, training of foster parents at Community Colleges, and full utilization of IV-E funds for foster parent training
- Requiring foster parents to have training and psychological evaluations

“Still in Our Hands: A Review of Efforts to Reform Foster Care in California” a February 2003 Little Hoover Commission follow-up report on the progress or lack of progress that has been made for improved quality of care in the foster care system. This report noted that “improvements have been modest” and that movement to “fix” the system has been “slow.” The Commission found the following improvements had been made:

- Increased investments in prevention and early intervention services
- 270 Public Health Nurses placed in child welfare/probation offices
- Foster care ombudsman position established
- Improved Independent Living Programs
- Five regional training centers established

The February 2003 Commission report made the following recommendations:

- Designation of a state leader for California’s foster care system
- Transformation of the foster care ombudsman into a child welfare inspector general
- Creation of a State child welfare oversight board
- Designation of a county leader for foster care
- Creation of a local welfare oversight board and a child welfare inspector general

The Little Hoover Commission recommendations expound on the difficulty encountered when trying to improve the costly child welfare system. Some of the recommendations cited have been accomplished, but many have not even though almost 15 years have passed since they were made.

Summit Workgroup Overview

The Summit was held with approximately 200 stakeholders, from approximately 50 different agencies (see Attachment – Summit attendees), identifying the strengths, weaknesses and areas that need change in the eight-targeted areas of concern.

Workgroups identified and discussed the strengths, weaknesses and areas where progress is needed. Issues and suggestions within each targeted area were not prioritized. The following lists the targeted areas for discussion during the Summit and synthesizes the main talking points:

Healthcare – the equity, continuity and access across the continuum to healthcare services

Strengths within the foster care system

- Healthcare is provided to all children in the foster care system, primarily through Medi-Cal and Inland Empire Health Plan (IEHP)

- Children have access to Medi-Cal until age 21
- Children are eligible to receive health screenings through the California Health and Disability Prevention (CHDP) program; the Screening, Assessment, Resource and Treatment (SART) program; and Public Health Nurse (PHN) services

Weaknesses within the foster care system

- Frequent physician changes, as well as a dearth of providers, leads to inconsistent and incomplete health care
- No medical cards or medical histories provided
- Over-medicating of children with psychotropic medications as a behavioral control as opposed to a therapeutic intervention
- The possibility of a two-tier Medi-Cal system, leaving foster children to wait longer than full pay insurance consumers
- There is no system for teaching transitioning youth to use triage services or what proper healthcare is
- There is poor communication regarding the process transitioning youth need to complete in order to continue with Medi-Cal until age 21

Progress needed within the foster care system

- Increase communication and collaboration with associated agencies within San Bernardino County and with cross county resources and between Transitional Assistance Department (TAD) and the foster youth
- Increase use of Independent Living Program (ILP), with the possibility of expanding services
- Increase access to medical histories
- Increase training and recruitment of foster parents and mentors

Life long connections – a significant emotional relationship with at least one other person

Strengths within the foster care system

- Increasing awareness of the significance of these life long connections
- Using concurrent planning if a removal is indicated helps provide a child with adoptive parents or guardians or family members as opposed to having children languish in long term foster care
- Redefining family to include NREFMs
- The use of the Kinship program maintaining sibling relationships and assisting with obtaining mentors or Big Brothers/Big sisters

Weaknesses within the foster care system

- Lack of continuity of care. This includes frequent changes in placement, social workers, caseworkers, caregivers, mentors, and therapists
- Lack of diligent follow through with maintaining, identifying, and searching for connections with the child's family. This includes:

encouraging and assisting with visitation, regularly searching out all relatives,

- Identification or trust and attachment issues

Progress needed within the foster care system

- Long term planning for maintaining relationships as opposed to working through crises
- Focus on maintaining family relationships
- Increased mentoring programs (Big Brothers/Sisters, CASAs)

Education - equity, continuity, and access across the schooling/training continuum

Strengths within the foster care system

- Increased focus on education for foster children
- School systems providing support with Foster Youth Services and the Education Task Force
- Increased focus on maintaining foster children in the originating school districts

Weaknesses within the foster care system

- Lack of continuity between teachers, schools, school districts, and educational programs
- Poor performance of foster children in school, including: lower graduation rates, loss of class credits, no encouragement or preparation for college, technical schools or work experience
- Zero tolerance programs – expulsion as a disciplinary tool
- Stigmatization of foster children in the school setting

Progress needed within the foster care system

- Increase in continuation schools
- Special training for foster parents, mentors, teachers and school administrators regarding the educational needs of foster children
- Expansion of the foster youth services program to include all children in out-of-home placements, not just for youth in group homes
- Increase access to computers, tutors, and other technology
- Encouragement or preparation for college, technical schools or work experience
- Increase coordination between agencies working with foster youth

Life skills – training received along the developmental continuum that assists with independence and healthy functioning.

Strengths within the foster care system

- Foster youth advocacy board
- Wraparound services
- Foster care training
- ILP, including independent city
- Transitional Housing Placement Program (THPP)

Weaknesses within the foster care system

- Insufficient inter and intra-agency communication and collaboration
- Inadequate foster care recruitment and retention
- ILP programs are voluntary and not in the educational system
- Inland Regional Center (IRC) children do not participate
- Not enough emphasis on self-sufficiency

Progress needed within the foster care system

- Earlier ILP intervention
- Life skills should be separated according to the individuals development and learning capacity
- Define skill sets needed for self sufficiency
- Additional curriculum to education system with life skills

Mental health/substance abuse – equity, continuity and access across the continuum to meet behavioral and emotional needs.

Strengths within the foster care system

- Mental health services are more readily available in schools and in the community
- Availability of early screening and treatment intervention programs including: healthy homes, SART, Therapeutic Behavioral Services (TBS), Wraparound, Operation Phoenix, juvenile hall screenings for treatment
- Increased communication and collaboration between agencies including; substance abuse task force, gang and drug task force and Inter-agency Placement Council (IPC)
- Access to child psychiatrists

Weaknesses within the foster care system

- Insufficient treatment and capacity within individual programs throughout the County
- Lack of communication and follow through between individual treatment team members
- Lack of drug treatment programs or eating disorder programs for children/youth
- Foster children not receiving the proper medication or medication doses
- Lack of effective treatment and outcomes for foster youth

Progress needed within the foster care system

- Expansion of wellness programs including nutrition and exercise programs
- Expansion of treatment services for substance abuse and attachment disorder
- Increase communication and collaboration between agencies and in conjunction with foster parent/caretakers

Employment – preparation for obtaining and retaining meaningful employment and workforce development.

Strengths within the foster care system

- Agency/department support with training and seeking employment including: ILP, California Conservation Corps (CCC), Regional Occupational Program (ROP), Job Corps, AmeriCorp, Workforce Investment Act (WIA), and schools
- Increased collaboration between agencies

Weaknesses within the foster care system

- Limited availability, access and variety to employment resources
- Limited education by foster youth makes employment difficult
- Some conflict with the faith-based organizations
- Lack of historical data and identification to secure employment
- Limited training opportunities
- Poor communication with workforce development and agencies

Progress needed within the foster care system

- Need for employment specialist mentors for mandatory career counseling
- Increased tracking of youth and their progress with employment skills
- Increased need for community partners, resources, and internships
- Increased agency collaboration and cooperation

Housing – equity, continuity, and access to safe and stable living arrangements

Strengths within the foster care system

- Transitional housing available
- Homeless program available
- Increased development of specialized foster care homes
- Financial support available

Weaknesses within the foster care system

- Housing and funding support available but very limited and difficult to access
- Lack of hands on practice, training and supervision from staff
- Limited matching of youth to housing needs
- Poor communication between agencies

Progress needed within the foster care system

- Increases in the number, type, and availability of transitional housing
- Increase training, recruitment, and retention of specialized foster homes for transitioning youth
- Increase efficiency, resources and individualized services

Finance – fiscal impacts on foster youth

Strengths within the foster care system

- Assistance funds are available through: Mental Health Services Act (MHSA), Department of Labor, FIRST 5, ILP, Wraparound, WIA, SART, Adoptions Assistance Program (AAP) and Kinship care funds
- Resource center available
- Transitional housing available

Weaknesses within the foster care system

- Complicated funding streams that are often categorically specific and not available for general use leaving gaps in services that can be provided
- Insufficient funding for programs that do exist
- No cost of living increase for care providers for many years
- Inequalities in services between counties and geographical areas

Progress needed within the foster care system

- Increased communication regarding resources
- Increased training for social workers, case workers, foster parents, and foster youth
- Increased youth self-sufficiency and decrease dependency on agency assistance
- Increased quality of resources

Summit Summary of Recommended Next Steps

Recommendations for improvement and change were solicited from the stakeholders that attended the Summit. Recommended changes will need to be accomplished on many different levels, including full implementation and utilization of existing laws, regulations, and statutes that promote positive outcomes for foster children.

Federal and State changes

Legislative changes that would benefit the foster care system include:

- Increase funding to foster care to decrease case load size
- De-regionalizing Medi-Cal and creating a single Medi-Cal number
- Expanding the age range for ILP funding to 14-21 years of age
- Expanding Medi-Cal to include increased mental health services, in-patient drug treatment, mental health housing and flexible spending
- Tax incentives to building low cost housing
- Increasing funding for Foster Youth Services
- Increasing funding for early intervention services
- Allowing for incentive payments to providers in high need areas
- Increasing funding to allow for Wraparound services to all foster children

County changes

County changes that would benefit the foster care system include:

- Tax incentives to building low cost housing
- Further aligning the mental health system with foster care distinct needs

- Requiring licensed therapeutic staff in Foster Family Agencies
- Increasing funding for extra-curricular activities
- Creating resources to complete family searches and create permanency for foster children
- Mandating assignments of foster youth to employment specialists

Inter-agency changes

Inter-agency changes that would benefit the foster care system include:

- Increasing communication and collaboration between agencies
- Increasing communication and collaboration regarding resources
- Coordinating effort to recruit, train and retain mentors of all ethnicities
- Networking with institutions of higher learning
- Creating partnerships to obtain tutoring resources
- Increasing in number, frequency, and type of vocational programs
- Developing more peer support groups
- Training non-therapeutic staff to identify mental illness
- Surveying needs assessment of children and stakeholders
- Increasing youth involvement/participation in decision making
- Developing employment resource list and partner with business to hire foster youth

Intra-agency changes

Inter-agency changes that would benefit the foster care system include:

- Focusing on maintaining foster youth in their communities and maintain normalcy
- Increasing surprise home visits to foster family agency homes and group homes
- Increasing the frequency of the 'independent city' presentations
- Increasing youth awareness of vocational/educational preparedness
- Encouraging youth participation in positive recreational activities
- Encouraging the development of life long connections for children within an agency's goals
- Making ILP participation mandatory

Individual changes

It is ultimately the responsibility of the individual - social workers, case workers, teachers, aides, care providers, mentors, supervisors, directors, politicians, etc. that will need to make the children a priority. Agencies and government can only do so much to guide and to lead, and these entities will only be as strong, efficient and committed as its individual members. The individuals who have stood their ground and have dedicated themselves to being their brother's keeper will bear the workload of ensuring that foster children are raised happy, healthy, well-adjusted, and productive members of society.

These brother's keepers need to focus on participating within the system as advocates for change and not just to complain about that is not working. They need not

say that they would do better work 'only if', when only if never comes. The children need us now, not when we are ready to finally do something. Give them the attention now and we will all be astonished.

Attachment - Summit attendees

<i>Attendee</i>	<i>Agency</i>	<i>Attendee</i>	<i>Agency</i>
Adams, Linda	DBH	Karp, Claire	Pacific Clinics
Affatati, Gloria	PERC	Kimura, Shinko	HS Legislation and Research
Alexander, St.Clair	DBH	Kowalski, Roger	Colton J.U.S.D
Ancrum, Melinda	Clinical Therapist	Krogh, Lindsey	Clinical Therapist
Anderson, Kevin	SSP - DCS	Kunkler, Jessica	Panelist - Vista Volunteer
Ansley, Betty	Children & Family Health Services	Larsen, Dr.	
Aragon, Myriam		Lee, Laura	SSSP – PDD/DCS
Arden, Rick	Probation	Linterman Jacque	California Youth Connection
Ary, Beverly	ACBO	Locurto, James	District Supervisor for TAD
Barnes, Tohron	California Youth Connection	Loh, Dr. Michelle	Loma Linda (Rep for Dr. Chinnock)
Baxter, Sandra	Supervising Deputy County Counsel	Longhway, Corrina	DBH
Beal, Jill		Lopez, Martha	
Bellino, Isabel	IRC	Lorimore, Clint	From Governor's office
Brewington, Ronald	Probation Department	Low, Glenn	D/M SELPA
Brinton, Katie	Current Foster Youth	Luck, Robbie	Probation Department
Brooks, Paris	DCS	Luna, Luz	
Brown, Randy	DBH	Malvin, Cindy	Media Specialist - PERC
Burcham, Dane	Burcham & Stern	Mann, Allan	ACBO
Burgess, Richard	Former Foster Youth	Martin, Juliann	Dept. Chair Child Dev. & Fam. Science.
Byrnes, Phyllis	Public Health Nurse	Martin-Walton, Millee	IRC
Carnes-Jackson, Taneka	Panelist - Social Worker	Mason, Tina	Probation Department
Carter, Kristen	Americorps	McCuskey, Tracy	SSP - DCS
Carville, John	IRC	McDonald, Melissa	DBH
Cayton, Linda	Probation Department	McGinnis, Lisa	DBH
Cervantes, Veronica	Protection & Advocacy Agency	McGuire, James	Juvenile Court Judge
Chaney, Shirley	SSP - DCS	McKinney, Jessie	Americorps
Chang, Sandra	IRC - Chief, Children Services	McLeod, Gloria	Assemblymember
Cimbalo, Cathy	DCS	McWain, Vicki	DBH
Coble, Sheilah	IRC	Melton, Gary	Dir. Of Health Services for IEHP
Colburn, Jenna	Executive Director - CASA	Mora-Chavez, Silvia	Escort
Contreras, Rosa	Escort	Morales, Stephen	Former Foster Youth
Cooper, Cheri	IRC	Moreno, Michael	
Copple, Roy	DCS	Muir, Sheila	SSSP - DCS
Cousineau, Amy	Children's Network	Murray, Agnes	Deputy District Attorney-Juvenile Division
Cross, Kelly	HS Legislation and Research	Nelson, Christian	For State Senator Bob Dutton
Cumberbatch, June	Children's Network	Neuenschwander, Lynn	DBH
Cunningham, Claire	CWSM - DCS	Ontiveros, Armondo	ACBO
Daniel, Deborah	Commissioner Juvenile. Dependency Court	Palacios, Valdimir	California Youth Connection
Daniels, Pat	San Bernardino City U.S.D	Pantini, Rebecca	Loma Linda
Davis - Schultz, Ann	Redlands U.S.D	Paxton, Kent	Children's Network
Davis, Carol	DBH	Perez, Brenda	Probation Department

Attendee	Agency	Attendee	Agency
Davis, Deborah	Legal Aid	Pinchback, Bunny	FYS
Dawes, Cristina	DBH	Platt, Dolores	Public Health Nurse
Decker, Robert	DBH	Pounders, Mary	IRC
Easley, Margaret	Public Health	Pointdexter, Tamisha	California Youth Connection
Edwards, Arline	SSSP -DCS	Powell, Ron	D/M SELPA
Erkel, Paul	HS Legislation and Research	Quijano, Paula	ACBO
Evans, Marilyn	Foster Parent	Racatain, Isabel	Public Health Nurse
Farr, May	Mental Health Commission	Raley, Eric	Probation Department
Faulkner, Cindy	First 5	Rawland, Allan	Director - Behavioral Health
Ferguson, Laurie	Assistant Public Defender	Reece, Tracy	Probation Department
Fischer, Dr. Herb	S.B County Superintendent of Schools	Rice, Russ	Probation Department
Frad, Jennifer	Alannah FFA	Ricketts, Audulio	Probation Department
Fralin, Michael	DBH	Rodriguez, Elizabeth	Probation Department
Galindo, Cassie	DBH	Rogers, Jim	SSSP -DCS
Gallagher, Bernadette	Fontana U.S.D	Romero, Miriam	DBH
Gallegos, Liz	DCS - PS	Rowe, Ed	Children's Network
Garbani, Gary		Ruesterholtz, Anita	EV SELPA
Garcia, Bridget	Supervisor Foster Care Program	Sandoval, John	Yucaipa-Calimesa J.U.S.D.
Garcia, Felipe	IRC	Santos, Lovelyn	DBH - Alternate - Jose Herrera
Gardner, Christopher	Chief Deputy Public Defender- Juvenile Div.	Saracho, Merida	DBH
Garrett, Alton	For U.S. Senator Barbara Boxer	Schertell, Mike	DBH
Gomez, Jose	NALFFA	Scholljegeracs, Christina	Probation
Gomez, Rosa	DBH	Schroeder, Carroll	Exec. Dir. - Calif. Alliance of Child & Fam. Svc.
Green, Beverly	SSSP - DCS	Seekins, Gail	Public Health Nurse
Greenleaf, Kimberly	Current Foster Youth	Self, Teri	DCS
Grisotti, Carol		Sheridan - Matney, Clare	Loma Linda
Grooms, Larry	For Assemblymember Sharon Runner	Smith, Lisha	For 5th District Supervisor Josie Gonzales
Gruchy, Andrew	DBH	Smith, Tom	Rim of the World U.S.D
Gutierrez, Art	SSP - DCS	Stafford, Rebecca	Executive Director - Children's Fund
Hagen, Marlene	CWSM - DCS	Stallworth, Frank	For State Senator Nell Soto
Hansberger, Dennis	County Supervisor, Third District	Stoever, Mary Ann	SSSP -DCS
Harmsen, Sandy	Workforce Development Dept.	Swilley, Jason	Americorps
Harper, Jerry	Probation, Chief Officer	Tapanes, Daniel	Clear View Treatment Center
Harris, Berkely	TAY	Thomson, Brian	CWSM - DCS
Harris-Oglesby, Mae	Deputy Director - DCS	Thurston, Nikki	
Harryman, David	PDD - DCS	Tillman, Carolyn	SBCSS
Haugan, Linda	HS Admin.	Unterreiner, Dr. Anne	University of Redlands- School of Education
Hawkins, Bernadette	Juvenile Corrections Manager	Urtz, Kevin	IRC
Helsper, Linda	DBH	Vences, Yvonne	Probation Officer
Herold, Lynn		Vosika, Patty	Birth Parent
Hill, Margaret	County Superintendent of Schools	Wackerman, Sylvia	IRC
Hosea, Keith	Cameron Hill Associates	Wagner, Brooke	Sergeant SB County Sheriff
Isaacs, Helen	CWSM - DCS	Walker, Jonathan	DBH

Attendee	Agency	Attendee	Agency
Jackson, Isaac	DBH	Ward, Jennifer	Americorps
Jakana, Tilda	ABC FFA	Ward, Linda	DBH
James, Sigrid	Assoc. Prof. Social Work - LLUniv.	White - Piper, Cynthia	San Bernardino City U.S.D
Jefferson, Synthia	Probation Department	Wilbert, Lydia	Fontana U.S.D
Jenes, Kathleen	Burcham & Stern	Williams, Michelle	Probation Department
Johnson, Lavinia	IRC	Williams, Tammy	Children's Network
Johnson, Mirta	SSP - DCS	Wilson, Jami	Probation Department
Jones, Joyce	CWSM - DCS	Wilson, Kurt	Comm. Safety & Violence Prevention (Mayor's Office)
Jorski, Jason	Probation Department	Witcher, Chanese	DBH
Karetji, Faith	Olive Crest	Young, Amy	Children's Assessment Centers
Karlsson, Marina	SSP- DCS	Zigler, Shaun	Foster Youth Services Manager

Research/Reference

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